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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16(e))  
required)

Attorney Docket Number	66638/42299
First Named Inventor	Farr
<b>COMPLETE IF KNOWN</b>	
Application Number	To be assigned
Filing Date	Herewith
Group Art Unit	To be assigned
Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**PROXY GUARDIAN AGENT**

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)   as United States Application Number or PCT International

Application Number   and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Application Number(s)	Country	Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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# DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number  
or Bar Code LabelOR  Correspondence address below

Name Robert L. Villhard

Address Thompson Coburn LLP, One US Bank Plaza

City St. Louis State MO ZIP 63101

Country USA Telephone 314-552-6293 Fax 314-552-7293

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Donald B.	Family Name or Surname	Farr
---	-----------	---------------------------	------

Inventor's Signature	Date
-------------------------	------

Residence: City O'Fallon	State MO	Country USA	Citizenship USA
--------------------------	----------	-------------	-----------------

Mailing Address 2062 Moondance Ct.

City O'Fallon	State MO	ZIP 63366	Country USA
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NAME OF SECOND INVENTOR :  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Thomas G.	Family Name or Surname	King
---	-----------	---------------------------	------

Inventor's Signature	Date
-------------------------	------

Residence: City O'Fallon	State MO	Country USA	Citizenship USA
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Mailing Address 2217 Quaint Cottage Dr.

City O'Fallon	State MO	ZIP 63366	Country USA
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Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

**SUPPLEMENTAL  
DECLARATION FOR UTILITY  
OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.67)**

Attorney Docket Number	66638/42299
First Named Inventor	Farr
<b>COMPLETE IF KNOWN</b>	
Application Number	To be assigned
Filing Date	Herewith
Art Unit	Unknown
Examiner Name	Unknown

I hereby declare that:

Each inventor(s) residence, mailing address, and citizenship are as stated below next to my name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**PROXY GUARDIAN AGENT**

*(Title of the invention)*

the specification of which

is attached hereto

**OR**

was filed on (MM/DD/YYYY)   as United States Application Number or PCT

Application Number   and was amended on (MM/DD/YYYY)  

I hereby declare that the subject matter of the  attached amendment  amendment filed on   was part of the invention and was invented before the filing date of the original application, above identified for such invention.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

This collection of information is required by 34 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

**SUPPLEMENTAL DECLARATION — UTILITY OR DESIGN PATENT APPLICATION**Direct all correspondence to:  Customer Number:   OR  Correspondence address below**Name**

Robert L. Villhard

**Address**

Thompson Coburn LLP

**Address**

One US Bank Plaza, Suite 3500

City St. Louis	State MO	ZIP 63101
Country USA	Telephone 314-552-6293	Fax 314-552-7293

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Third Inventor :	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------	---

Given Name Joel J.	Family Name or Surname Maleport	
-----------------------	---------------------------------------	--

Inventor's Signature	Date
----------------------	------

Residence: City O'Fallon	State MO	Country USA	Citizenship USA
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Mailing Address 1969 Royal Heir	
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Mailing Address 1969 Royal Heir	
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City O'Fallon	State MO	ZIP 63366	Country USA
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Name of Fourth Inventor :	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------	---

Given Name	Family Name or Surname	
------------	---------------------------	--

Inventor's Signature	Date
----------------------	------

Residence: City	State	Country	Citizenship
-----------------	-------	---------	-------------

Mailing Address
-----------------

Mailing Address
-----------------

City	State	ZIP	Country
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Additional inventors or a legal representative are being named on the \_\_\_\_\_ supplemental sheet(s) PTO/SB/ 02A or 02LR attached hereto.



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# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	To be assigned
Filing Date	Herewith
First Named Inventor	Farr
Title	Proxy Guardian Agent
Group Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	66638/42299

I hereby appoint:

Practitioners at Customer Number

021888

OR



21888

PATENT TRADEMARK OFFICE

 Practitioner(s) named below:

Name	Registration Number
Caroline G. Chicoine	38198
Richard E. Haferkamp	29072
John M. Howell	25261
Paul A. Maddock	37877
Alan H. Norman	32285
Thomas A. Polcyn	41256
Joseph M. Rolnicki	32653
Kenneth Solomon	31427
Matthew A. Braunel	52649
David R. Deal	48204
Matthew J. Himich	47650
David B. Jinkins	46805
Daniel S. Kasten	45363
Paul A. Lesko	45364
Kim Hoang Lu	51973
Clyde L. Smith	46292
Benjamin L. Volk	48017
Jonathan G. Musch	53361
Jacob S. Wharton	52428
Robert L. Villhard	53725
William C. Anderson	28147
Harry B. Field	27880
Terje Gudmestad	32232
John C. Hammar	29928
Henry G. Kohlmann	26672
Bryan C. Ogden	25362
Charles T. Silberberg	26584
David J. Clement	44082
Ann K. Galbraith	33530
Robert L. Gullette	26899
Thomas W. Hennen	27798
Lawrence W. Nelson	34684

John R. Rafter	28533
Jeanne Suchodolski	34936
Robert H. Sproule	30689
James Hamley	28081
Nicholas T. Bauz	41604

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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The above-mentioned Customer Number

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<input checked="" type="checkbox"/>	Firm or Individual Name	Robert L. Villhard				
Address		Thompson Coburn LLP				
Address		One US Bank Plaza				
City		St. Louis	State	MO	Zip	63101
Country		USA				
Telephone		314-552-6293	Fax	314-552-7293		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name	Donald B. Farr
Signature	
Date	

**NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.**

\*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Examiner Name	To be assigned
Attorney Docket Number	66638/42299

I hereby appoint:

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Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number

OR

Practitioners at Customer Number

021888



OR

<input checked="" type="checkbox"/> Firm or Individual Name	Robert L. Villhard				
Address	Thompson Coburn LLP				
Address	One US Bank Plaza				
City	St. Louis	State	MO	Zip	63101
Country	USA				
Telephone	314-552-6293	Fax	314-552-7293		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

#### SIGNATURE of Applicant or Assignee of Record

Name	Thomas G. King
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

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John R. Rafter	28533
Jeanne Suchodolski	34936
Robert H. Sproule	30689
James Hamley	28081
Nicholas T. Bauz	41604

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Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number

OR

Practitioners at Customer Number

021888



OR

<input checked="" type="checkbox"/> Firm or Individual Name	Robert L. Villhard			
Address	Thompson Coburn LLP			
Address	One US Bank Plaza			
City	St. Louis	State	MO	Zip 63101
Country	USA			
Telephone	314-552-6293	Fax	314-552-7293	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

#### SIGNATURE of Applicant or Assignee of Record

Name	Joel J. Maleport
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

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